

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF
UNITED STATES OF AMERICA

COURT CASE NUMBER
3:97-CR-0084-001(PG)

DEFENDANT
RAYMOND GANDIA-ROSA

TYPE OF PROCESS
Writ Of Garnishment and Instruction

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

RAYMOND GANDIA-ROSA

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

81 Leafland Pt., Crystal Oaks, Lecanto, Florida 34461

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

H.S. García, United States Attorney
United States Attorneys Office
Chardon Tower No. 350 Chardon Ave.
Suite 1201
San Juan, Puerto Rico 00918

Number of process to be
served with this Form 285 1

Number of parties to be
served in this case 1

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Defendant, Raymond Gandia-Rosa, must be served personally. Defendant may be reached at Telephone No. 787-667-0798 (Celular Phone)

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

787-766-5656

DATE

8-3-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

1

District of
Origin

No. 69

District to
Serve

No. 18

Signature of Authorized USMS Deputy or Clerk

R.B. [Signature]

Date

8-5-05

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks" the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 8/29/05 Time 1207 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

K. W. [Signature]

Service Fee

90.00

Total Mileage Charges including endeavors)

35.64

Forwarding Fee

Total Charges

125.64

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS: - 8-17-05 Resp. called # 787-667-0798. Phone disconnected, not in service
8-21-05 # called not in service 8/29 - # called not in service
(352) 746-9471

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00